| Effective October 1, 2000   |  |  |                 |                       |                               |                  |      |   |          | 19701H15               |       |                     |                        |  |
|---|--|--|-----------------|-----------------------|-------------------------------|------------------|------|---|----------|------------------------|-------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                 |                       |                               |                  |      | SMALL<br>TYPE                           | EN       | TITY                   | OR    | OTHER<br>SMALL      | и                      |  |
| TOTAL CLAIMS  |  |  |                 |                       |                               |                  |      | RATE                                    |          | FEE                    |       | RATE                | FEE                    |  |
| FOR   |  |  | NUMBER FILED    |                       | NUMBER EXTRA                  |                  |      | BASIC F                                 | ŒΕ       | 355.00                 | OR    | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | 20minus 20=     |                       | · Ø                           |                  |      | X\$ 9                                   | =        |                        | OR    | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |  | → minus 3 =     |                       | 0                             |                  |      | X40=                                    |          |                        | OR    | X80=                |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF  | RESENT          |                       |                               |                  |      | +135                                    | <u>.</u> |                        | OR    | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                              |  |  |                 |                       |                               |                  | TOTA |   |          | OR                     | TOTAL | 110                 |                        |  |
| CLAIMS AS AMENDED - PART II   |  |  |                 |                       |                               |                  |      |   |          | NTITY                  | OR    | OTHER<br>SMALL 6    | 1                      |  |
|   |  | (Column 1)<br>CLAIMS   |                 | (Colui                |                               | (Column 3)       | 1 1  | SIVIAL                                  | 7        | ADDI-                  |       | OIIIAEE             | ADDI-                  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT                                |                 | NUM<br>PREVIO<br>PAID | OUSLY                         | PRESENT<br>EXTRA |      | RATE                                    |          | TIONAL<br>FEE          |       | RATE                | TIONAL<br>FEE          |  |
|   | Total  | ·K   | Minus           | **                    | 20                            | =                | M    | X\$ 9:                                  | =        |                        | OR    | X\$18=              |                        |  |
|   | Independent                                    | · 'd_  | Minus           | ***                   | 3                             | =                |      | X40=                                    |          |                        | OR    | X80=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT (     |  |                 |                       |                               |                  | J    | +135                                    | =        |                        | OR    | +210=               |                        |  |
| Q   | bout.  | j  |                 |                       |                               |                  |      | TO                                      |          |                        | OR    | TOTAL<br>ADDIT, FEE |                        |  |
| 1   | 917114   | (Column 1)   | •               | (Colu                 | mn 2)                         | (Column 3)       |      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |                        |       | •                   |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                 | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |      | RATI                                    |          | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 6  | Minus           | 6                     | 20                            | =                |      | X\$ 9                                   |          |                        | OR    | X\$18=              |                        |  |
|   | Independent                                    | • /<br>NTATION OF MI   | Minus           | ENDEN                 | 3<br>TCLAIM                   | =                | -    | X40                                     | =        |                        | OR    | X80=                |                        |  |
| L   | FIRST PRESE                                    | NIATION OF MI  | JLIIPLE DEP     | ENDEN                 | CEAN                          |                  | ┛    | +135                                    | =        |                        | OR    | +270=               |                        |  |
|   |  |  |                 |                       |                               |                  | i    | TO'<br>ADDIT. F                         | EE       |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
|   |  | (Column 1)   |                 | (Colu                 | ımn 2)                        | (Column 3        |      |   |          |                        |       |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                 | NUA<br>PREV           | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |      | RAT                                     | Ε        | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •  | Minus           | ••                    |                               | =                |      | X\$ 9                                   | =        |                        | OR    | XS18=               |                        |  |
|   | Independent                                    | •  | Minus           | •••                   |                               | -                | 1    | X40                                     | =        |                        | OR    | X8C=                |                        |  |
| ال  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                       |                               |                  |      | +135                                    | =        |                        | OR    |                     |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL ADDIT. FEE |  |  |                 |                       |                               |                  |      |   |          | <del></del>            | OR    | TOTAL<br>ADDIT, FEE |                        |  |
| ::  | 444 dt - M 15-b 444 8h.                        | mber Previously F<br>Imber Previously F<br>Inber Previously Pa | Daid Ear IN THI | S SPACE               | is less th                    | an 3. anier "3." | •    |   |          | propriate bo           | 4     |                     |                        |  |

FORM PTO-875 (Rev. 8/00) Application or Docket Number